GOOD PRACTICES AND LESSONS LEARNED

Plan International UK- Tanzania

Project: Partnership to enhance livelihoods and social inclusion of marginalised young people dependent on the informal economy

GOOD PRACTICE: Linking Youth Saving and Loans Associations (YSLA) with Community Health Fund (CHF)

1. Key areas of good practice

- Sensitization on Youths Saving Loans Associations to join Community Health Fund through their Social protection fund (3.1)

2. Context - Brief description of context of good practice:

Where the good practice was implemented:
It was implemented in Illala and Temeke Districts in Dar es Salaam Region. Kisarawe, Kibaha district and town Council in Pwani Region. Kilombero district in Morogoro Region. Mtwara district and Municipal Council in Mtwara region. Lindi district and municipal council in Lindi region.

Why it was implemented:
To sensitize youth dependent on informal economy to access a community Health Fund offered by Government.

Who was involved:
Type of target group/community members: Marginalized youth depending on the informal economy and other marginalized groups, aged 15 to 35 from 5 regions of Tanzania.
Implementers (Plan International Tanzania; an International Non-Governmental Organization):
Partners of implementers (Voluntary Service Overseas (VSO), Community Development and Relief Trust (CODERT), Uhamasisha Hifadhi Kisarawe (UHIKI) non-governmental organizations, and Tanzania's Vocational Educational and Training Authority (VETA) a government institution. Associate Partners are: Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) a no governmental organization expert on Disability issues, the Ministry of Information, Youth, Culture and Sports (MoIYCS), and Ministry of Labour and Employment (MoLE).

When the activity was implemented:
From April 2016 to date.

3. Level and type of innovation of the good practice

Including family members of youths dependent on the informal economy to obtain social protection service/ Health insurance. Previous livelihoods projects did not have this component, and the empowerment of youth was partial. Many members suffered because of not having access to health insurance and spent a lot of their increased revenue for medical expenses.

4. Description of implementation of good practice:

Tanzania, like many countries in sub-Saharan Africa, faces the twin pressures of a tight public health care budget and the need to improve access to health services, especially for the poor and those working in the rural areas and/or the informal economy. As part of wider reforms in health care financing, Tanzania introduced user fees in 1993. Over time, other financing mechanisms have been

added including the introduction of schemes resembling prepaid insurance such as the National Health Insurance Fund (NHIF): Community Health Funds (CHF) and its urban equivalent, TIKA; and various Micro Health Insurance Schemes (MHIS) such as Umasida and Vibindo. More recently, the National Social Security Fund (NSSF) has introduced a health care benefit package known as Social Health Insurance Benefit (SHIB).

The CHF started in 1996 with a pilot scheme in Igunga district which was later expanded to other councils with the expectation of covering the whole country.

The scheme was identified as a possible mechanism for granting access to basic health care services to populations in the rural areas and the informal economy in the country.

According to the Community Health Fund Act of 2001 the objectives of the CHF are: (i) to mobilize financial resources from the community for provision of health care services to its members; (ii) to provide quality and affordable health care services through sustainable financial mechanism; and (iii) to improve health care services management in the communities through decentralization by empowering the communities in making decisions and by contributing on matters affecting their health (URT 2001)

Membership in the CHF is voluntary and each household within a district contributes the same amount of membership fee, as agreed by members of the community themselves (Tsh 10,000 per year) and is given a health card. The card entitles the household to a basic package of curative health services throughout the year. Normally, coverage is for the household head and other household members below the age of eighteen years. Households that do not participate in the CHF scheme are required to pay user fees on an individual basis at the health facilities at the point of use.

Despite the efforts, enrolment of community members especially from poor people dependent on the informal economy is very low, membership fees are a major hindrance for the majority of poor people to join CHF.

Through the Youth Economic Empowerment project, all benefited youth are sensitized to form their own Youth Saving and Loans Associations (YSLA) to cultivate a savings culture. This then provides them with an avenue to access simple loans.

All YSLA have a component of Social protection fund with which members help each other on various social issues. We have also sensitized and linked YSLA members about the Community Health Fund so that they and their family members to have health security. The cost/membership fee for each member is taken from their YSLA social protection fund. Once they become a member of the CHF they and their family members benefit.
Juma Nyenyema is one of the beneficiaries from Umoja wa Vijana Michenga. He explained on how he is benefiting from CHF, *“We used to spend so much on health issues, it was more than a mess if you or one of your family member get sick, we used to sell properties to cover hospital costs or borrow from friends. But after I joined CHF, I realized that we were very stupid for not joining before, maybe we were not enough informed, with this card, I don’t have to worry on health issues anymore, all my family members are covered by this for the all year, what else should I fear. ”*

Morogoro regional Commissioner Dr Kebwe S. Kebwe handing over CHF Cards to Umoja wa Vijana Michenga YSLA member.

Successful YSLA members joined the Community Health Fund service and benefit with their household members.
Members joining CHF have health protection and their family members for full year. Plan International has supported youth to join CHF in other projects as well, for instance in Mwanza, in Mara, Rukwa and Geita Regions.

5. Resources and skills needed to carry out the good practice

Documentation, contacts of implementers, experts as relevant; HR, Money

6. Sustainability of the Good Practice

Extent to which the good practice can easily be replicable and reasoning: family members can pressure the principal member to extend their membership every year as compared to the costs of health services without CHF.

Lessons Learned

Description if any lessons were learned while implementing the good practice: Sensitization Campaign for YSLA members and other community members dependent on the informal economy to join formal social protection schemes is needed. Many youths in the project area who depend on informal economy are joining social protection i.e. National Social Security Funds. Some of the products which NSSF provides are a Health Insurance scheme, Education scheme and Maternity Leave Scheme. The YEE Youth who benefitted from these services are viewed as role models in the society and continue to mobilize other to join to the NSSF.